



# VOLUNTEER APPLICATION

Thank you for your interest in The Humane Society and Animal Rescue of Muskegon County. **We do not accept volunteers under the age of 16 for safety reasons.**

Please contact the volunteer coordinator with any questions at 231.773.8689 or email [volunteers@muskegonhumanesociety.org](mailto:volunteers@muskegonhumanesociety.org).

## Section 1: Personal Information

<b>Last Name:</b>	<b>First Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Email Address:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>

Have you been convicted of a felony within the last 7 years?

Yes \_\_\_ No \_\_\_ If yes, please explain conviction: when, where and disposition: \_\_\_\_\_

Are you volunteering for court ordered community service?

Yes \_\_\_ No \_\_\_ If yes, what is the nature of the offence?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered with The Humane Society and Animal Rescue of Muskegon Co. (or any other shelter/rescue) before? \_\_\_\_\_ If yes, when and with whom? \_\_\_\_\_

## Section 2: Emergency Contact

<b>Last Name:</b>	<b>First Name:</b>	<b>Relationship:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>

## Section 3: License

Do you have valid driver's license and car insurance? Yes \_\_\_ No \_\_\_

Full name on license: \_\_\_\_\_





# VOLUNTEER APPLICATION

## Section 7: Tetanus Waiver

HSAR feels it is important for all volunteers to have a tetanus vaccination. I release HSAR from all responsibility of any accidents that may occur and understand whatever decision I make is at my own risk.

**I HAVE READ AND AGREE TO THE ABOVE WAIVER.**

\_\_\_\_\_  
Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/legal guardian (required if applicant is under 18 years of age)

Date: \_\_\_\_\_

## VOLUNTEER RELEASE AND COVENANT NOT TO SUE

I am a volunteer at The Humane Society and Animal Rescue of Muskegon County (HSAR). I am aware that working as a volunteer for HSAR involves risk of personal injury. I ASSUME FULL RESPONSIBILITY FOR ANY INJURIES OR DAMAGES THAT MAY OCCUR TO ME AS A RESULT OF MY PRESENCE AT HSAR. I ACKNOWLEDGE THAT MY SAFETY IS MY RESPONSIBILITY AND NOT THE RESPONSIBILITY OF HSAR, OR ANY OF THEIR SUBCONTRACTORS, AGENTS, OFFICERS OR EMPLOYEES, AND THAT THEY SHALL NOT BE LIABLE FOR INJURIES OR DAMAGE SUSTAINED BY ME ARISING OUT OF MY PARTICIPATION. I agree to follow all rules and procedures. As a volunteer, I understand that I will not be paid or entitled to benefits of any kind, and that I am not covered under any Worker's Compensation law. I agree that I am not a third party beneficiary of any agreement, and on behalf of my family, heirs and administrators, hereby fully and forever release HSAR, and their respective officers, employees, agents, and subcontractors of any and all actions, suits and claims from any and all injuries, related to, my participation in volunteer activities. I understand and agree that this release and covenant not to sue is intended to cover not only all injuries, losses and damages which may be apparent, but any and all future injuries, losses and damages which may later develop or be discovered.



# VOLUNTEER APPLICATION

AFTER CONSULTING OR HAVING HAD THE OPPORTUNITY TO CONSULT WITH COUNSEL, I KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A TRIAL IN ANY ACTION OR PROCEEDING OF ANY DISPUTE REGARDING THIS RELEASE AND COVENANT NOT TO SUE. I UNDERSTAND THAT I WILL NOT BE PERMITTED TO VOLUNTEER AT HSAR IF I DO NOT SIGN THIS RELEASE AND COVENANT NOT TO SUE. I AGREE TO THE TERMS OF THIS RELEASE AND COVENANT NOT TO SUE, AND ACKNOWLEDGE HAVING READ AND UNDERSTOOD ALL OF ITS TERMS.

\_\_\_\_\_  
**Applicant**

Date: \_\_\_\_\_

Parent/Guardian (of Volunteers 18 years of age and younger): As a parent/guardian of the above named volunteer, I give consent for my child or ward, to become a volunteer for The Humane Society and Animal Rescue of Muskegon County as described in the above Volunteer Agreement and by the signature below agree to be bound by the conditions of this release.

\_\_\_\_\_  
**Signature of parent/legal guardian (required if applicant is under 18 years of age)**

Date: \_\_\_\_\_

## OFFICE USE ONLY

### SECTION A: APPLICATION

Date received: \_\_\_\_\_ Mail Fax E-mail In Person

Notes: \_\_\_\_\_

### SECTION B: ORIENTATION

Shirt \_\_\_\_\_ Manual \_\_\_\_\_ Waiver \_\_\_\_\_

Orientation Date: \_\_\_\_\_